

## Performance & Development Solutions (PDS) Achievement Certificate

Name: \_\_\_\_\_ SS #: \_\_\_\_\_  
*Last First MI*

E-Mail: \_\_\_\_\_ Work Phone: \_\_\_\_\_

## Record Of Completion

<u>Core Courses</u>	<u>Course Number</u>	<u>Date Taken</u>	<u>Elective Courses</u>	<u>Date Taken</u>
Achieving Communication Effectiveness (ACE)	GI 077	_____	1) _____	_____
Customer Service	QM 002	_____	2) _____	_____
Business and Organizational Ethics	SC 240	_____	3) _____	_____
Human Relations Skills	SC 203	_____	4) _____	_____
			5) _____	_____
			6) _____	_____

The following signatures indicate awareness of this application and support for completion of this certificate program within three (3) years.

\_\_\_\_\_  
*Supervisor Signature*                      *Date*                      *Training Liaison Signature (State Employee Only)*                      *Date*

State Employees: Your agency's Training Liaison  
Non-State Employees: PDS Training, DAS-HRE, Fax: (515) 242-6450, Phone: (515) 281-5456

*For PDS Use Only:*

*Confirmed:* \_\_\_\_\_ *Courses Valid Since:* \_\_\_\_\_ *Completion Date By:* \_\_\_\_\_

*Certificate Sent:* \_\_\_\_\_